

HEALTH ENHANCEMENT PROGRAM

CHRONIC CARE COMPLIANCE FORM

Please read the information below and complete the form to be compliant



ASTHMA - DID YOU KNOW?

What Is Asthma?

Asthma is a chronic lung disease; it can be mild, moderate, serious, even life-threatening. With asthma, the airways in your lungs are often inflamed or swollen, filled with mucus. This makes them very sensitive to "triggers." Triggers can include allergens (pollen mold, animal dander, dust mites for example), exercise, smoke, air pollution, airway infections like a cold or virus, and even emotions such as stress. Triggers can cause even more swelling of your airways. The muscles around your airways can tighten as well, causing more narrowing, making breathing even more difficult.

What Are the Signs and Symptoms?

- Coughing
- Shortness of breath or trouble breathing
- Wheezing
- Tightness or pain in the chest

How Is It Diagnosed and Treated?

- Long-acting or "controller" medications taken regularly even when you don't have symptoms (can be inhaled or breathed in, or pills);
- Rescue medications to treat flare ups (most often inhalers)
- Allergy treatment when indicated
- Lung function studies (spirometry)

How Do You Care for Yourself if You Have Asthma?

- Quit smoking! If you are a smoker, QUIT SMOKING NOW. Resources to help you quit include "Kick Ash Smoker's Quit Line" 1-800-QUIT-NOW
- Know and Use your medications as ordered by your doctor to best manage your asthma
- Develop an asthma action plan to manage a flare/attack—talk with your doctor for a plan
- Know your numbers – Peak flow metering – a quick-check to monitor lung volumes and detect problems BEFORE symptoms arise – ask your doctor if one will help you control your asthma
- Know your triggers and avoid them to prevent attacks
- Get the flu vaccine yearly - people with asthma are more likely to have serious health problems from getting the flu
- Be active – exercise will help you maintain a normal, healthy lifestyle

Source: Lungsusa.org, CDC Fact Sheet, Healthwise.org

Name _____

Email Address _____

EID or Date of Birth _____

Day Time Phone Number _____

Relationship (circle one) – employee spouse dependent

Signature _____

Date _____

By signing, I attest that I have read the fact sheet

Return to CMS representative or fax: 877-687-1449

To learn more go to CTHEP.com or call 1-877-687-1448